

INSURANCE COMPLAINT

Administrative Review of Health Insurance Benefit Complaints and Appeals

If you have filed a grievance with your health plan and are dissatisfied with the plan's final decision, you can request an administrative review from the Department of Employee Trust Funds (ETF). To request a review, please contact ETF within sixty days from the date of the plan's final decision. **You must exhaust all levels of appeal through the plan before requesting an ETF administrative review.**

ETF offers you three levels of administrative review:

1. **File a Complaint with ETF Manager of Quality Assurance.** An informal review, this level allows the most latitude for resolution of your problem. Disputes frequently reviewed at this level include plan denials of benefits and plan denials of referrals.

The Manager of Quality Assurance acts as an "ombudsperson" for participants in the state and public employers' insurance programs. Acting as a neutral third party, the Manager advocates for participants and attempts to resolve complaints and disputes on their behalf.

2. **File a Request for Departmental Determination.** ETF has the authority to issue these determinations based on the language of the contract or applicable Wisconsin statute or Wisconsin Administrative Code. This is a more formal process than the review by the Manager of Quality Assurance and may follow that review, or you may request a departmental determination as the first level of administrative review.

3. **Appeal to the Group Insurance Board via Administrative Hearing.** This is the final level of administrative review. You must receive a departmental determination before you can file an appeal. The appeal process involves a pre-hearing to determine the issue(s) in dispute, followed by a formal hearing by a hearing examiner. The hearing examiner then makes a recommendation to the Group Insurance Board, which it may or may not accept. You may choose to retain an attorney for this -- or any other -- level of appeal.

The following provides additional information on each level of administrative review.

Written Complaint to ETF - Manager of Quality Assurance Review

Complaints must be in writing, either via letter or this *Insurance Complaint* form. Please send all pertinent information, including copies of correspondence between you, the provider, and the plan; bills; and the specific dates of service and/or dollar amounts involved. Upon receipt, the Manager of Quality Assurance will acknowledge the written complaint and indicate when the review is expected to begin (usually within sixty days). If necessary, the Manager of Quality Assurance will request additional information not included with the complaint.

Once the review is completed, the results will be sent to you in writing. If a satisfactory resolution is not reached, you have the right to request a departmental determination, as described below. Many disputes are resolved at this level. However, you may choose to waive the Manager of Quality Assurance's review and proceed directly to the departmental determination level. This may be advantageous if, for example, your dispute is with the plan's interpretation of a contractual provision, as the Manager of Quality Assurance has limited ability to resolve such a problem.

Written Request for Departmental Determination

You should submit a written request to ETF for a departmental determination within **sixty days** from the date of the Manager of Quality Assurance's final letter to you or the completion of the plan's grievance appeal process.

The review at this level is to establish whether the plan acted in accordance with the contract. In the request for departmental determination, you should note the areas of the contract or Uniform Benefits where you believe the plan is in violation. The departmental determination will be communicated to you in writing (usually within 90 days).

If the departmental determination upholds the plan's final decision, you may appeal to the Group Insurance Board. Appeals to the Group Insurance Board must be filed within **ninety days** of the written determination.

Written Appeal to the Group Insurance Board – Administrative Hearing

This is the final administrative review level available to you through ETF. All appeals are conducted in accordance with ETF Chapter 11, Wisconsin Administrative Code. You must receive a departmental determination in order to appeal to the Group Insurance Board.

Your appeal to the Board must be in writing and identify the specific facts or legal interpretations which you believe are in error. Include your name, address, telephone number and social security number in your appeal letter. If your appeal concerns another Wisconsin Retirement System participant, include his or her name and social security number. **The Appeals Coordinator must receive the written appeal within ninety days of the date of ETF's departmental determination. Appeals should be sent to the Appeals Coordinator, at the address shown below.**

A hearing examiner presides over the appeal process. The appeal process consists of several parts, including the pre-hearing conference, the hearing, and an issuance of the proposed decision. The Board then considers all of the evidence and issues a final decision. This process may take two to three years to complete, depending on the backlog of pending cases. Expedited hearings are also available upon request.

Parties who disagree with the final decision may appeal to the Dane County Circuit Court for certiorari review within thirty days of the notice of final decision.

To learn more about the appeal process, please request an *Administrative Appeals Process* brochure (ET-4943).

To request an administrative review:

Please indicate the level of review requested (i.e., Manager of Quality Assurance or departmental determination) and send your **written request** to

Department of Employee Trust Funds
P.O. Box 7931
Madison, WI 53707-7931.

INSURANCE COMPLAINT

TO FILE A COMPLAINT: Your first step to resolve a problem is to contact the insurance carrier and try to resolve the problem(s) at that level (see reverse side). If you are dissatisfied, then complete this form; keep the back ply, and send the other plies of to Department of Employee Trust Funds at the address shown above.

Social Security numbers are required to maintain member's accounts and for federal tax purposes. Statutory authority is contained in Wis. Stat. § 40.03 and Section 6109 of the Internal Revenue Code.

Name <i>Last, First, Middle, Previous</i>	Social Security Number
Address <i>Street or PO Box, City, Zip Code</i>	
E-Mail Address	Birthdate (MM/DD/CCYY)

1. If you are actively employed by a Wisconsin Retirement System (WRS) employer, provide the name of your WRS employer:

2. Indicate the type of insurance with which you have a complaint:

a. ☐ Health

Name of Health Plan

b. ☐ Life

c. ☐ Income Continuation

Group Number:

Subscriber Number:

3. This problem should FIRST have been reported to your carrier (see reverse for information on carrier contacts). Have you gone through your carrier's complaint resolution process? ☐ Yes ☐ No
Please explain results of that contact (attach a copy of any correspondence you received):

4. Describe your problem in detail, using additional paper if necessary. If your complaint concerns a family member, include their name and relationship to you. Include copies of important papers, letters or other information, if they relate to your problem.

5. Have you previously reported this problem to us or any other governmental agency? ☐ Yes ☐ No
If yes, what agency and what action was taken?

I understand that Wis. Stat. § 943.395 provides criminal penalties for knowingly making false or fraudulent claims on this form and hereby certify that, to the best of my knowledge and belief, the above information is true and correct.

**SIGN
HERE**



Signature of Subscriber

Date (MM/DD/CCYY)

Daytime Telephone Number

HEALTH

If your complaint involves the health insurance program and if you belong to a Health Maintenance Organization (HMO), contact your HMO office and tell them you have a grievance to file. All HMOs are required to operate a grievance procedure. The grievance procedure must be completed before the Department of Employee Trust Funds will accept this Insurance Complaint form.

If your complaint involves the Standard Health Plan or State Maintenance Plan (SMP), contact:

BLUE CROSS BLUE SHIELD UNITED OF WISCONSIN

1-800-755-6400 (Toll Free)

1-800-656-6777 (TTY)

Southeastern Wisconsin Regional Service Center
401 West Michigan
Milwaukee, WI 53201
(414) 226-2233

Southwestern Wisconsin Regional Service Center
19 West Main Street
Evansville, WI 53536
(608) 882-5967

Northeastern Wisconsin Regional Service Center
145 South Pioneer Road
Fond du Lac, WI 54936
(920) 923-4141

Northcentral Wisconsin Regional Service Center
823 Main Street
Stevens Point, WI 54481
(715) 345-0999

Western Wisconsin Regional Service Center
2270 Highland Center
Eau Claire, WI 54701
(715) 836-7737

LIFE

If your complaint involves life insurance, contact:

Minnesota Life Insurance Company
P.O. Box 259708
Madison, WI 53725-9708
(608) 277-8690

INCOME CONTINUATION

If your complaint involves Income Continuation Insurance, contact:

CORE, Inc.
6601 Center Drive West Ste 400
P. O. Box 451639
Los Angeles, CA 90045
1-800-960-0052